K023913

AUG 2 5 2003

510(k) Summary

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Bio-Medical Research Ltd Parkmore Business Park, West Galway Ireland

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		510 (k) Summary o	of Safety and Effectiveness.	NOV 25 A 11:
This	sumn	nary is submitted in accordan	ce with 21 CFR 807.92	: - -9
a)	1	Submitted by	Bio-Medical Research Ltd BMR House Parkmore Business Park, West Galway Republic of Ireland	
		Establishment Registration Number Contact Person Phone Fax e-mail	·	
		Title Date of Preparation	Regulatory Affairs Manager November 2002.	
	2	Trade Name of Device	NeuroTech© BAXOLVE™. Type	294.
		Common Name	NeuroTech© BAXOLVE™.	
		Classification name	Transcutaneous Electrical Nerve Stimulator.(882.5810)	
	3	Identification of predicate device	NeuroTech© Smart-TENS , Type	456,

Clearance ref# K961376.

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4 Description of Device

The BAXOLVETM TENS device is a self-contained battery operated transcutaneous electrical muscle stimulator. The adhesive electrodes are mounted on a belt offering lumbar support to the user during therapy delivery.

The device is intended to provide a non-invasive prescriptive therapy.

5 Intended Use

The device is indicated for:

- Transcutaneous Electrical Nerve Stimulation (TENS), which provides the symptomatic relief and management of chronic lower back pain.
- Lumbar support.

6 Technological Comparison

The BAXOLVE™ is similar to the Smart-TENS in it's delivery of the stimulation signal and has similar parameter settings. Both products utilise a LCD screen with user compliance logging.

7 Non- clinical Tests

Comparisons of electrical outputs for the two devices show similar results. They have both been designed and independently tested to the following requirements;

- IEC 60601-1:1990 Medical electrical equipment Part 1: General requirements for safety.
- IEC 60601-2-10
- IEC 601-1-1 and appendices A1:1991,A2:1995
 - IEC 601-1-2: EMC requirements
- IEC 61000-4-2:1995: Electromagnetic compatibility
- IEC 61000-4-3:1997: Electromagnetic compatibility
- DD ENV 50204:1996: Electromagnetic compatibility
- EN 55011:1998: radiated emissions.

Bio-Medical Research Ltd, (BMR), adheres to recognised and established industry practice, and all devices are subject to final performance testing.

A hazard analysis, a risk analysis and a failure mode effects analysis have been carried out for the device.



AUG 2 5 2003

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Ms. Michelle Sawyer Regulatory Affairs Manager Bio-Medical Research Limited BMR House Parkmore Business Park, West Galway Republic of Ireland

Re: K023913

Trade/Device Name: NeuroTech® BAXOLVETM, Type 294

Regulation Number: 21 CFR 882.5890; 890.3490

Regulation Name: Transcutaneous electrical nerve stimulator for pain relief

Truncal orthosis

Regulatory Class: II Product Code: GZJ, IQE Dated: May 22, 2003 Received: May 27, 2003

Dear Ms. Sawyer:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

Page 2 - Ms. Michelle Sawyer

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (301) 594-4659. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html

Sincerely yours,

Celia M. Witten, Ph.D., M.D.

Director

Division of General, Restorative and Neurological Devices Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

Indications for Use Statement

K023913

510(k)	Number	(if	known) :
J 1 U 1 1 1 1			******	, .

Not yet available

Device Name:

NeuroTech© BAXOLVE™, type 294

Sponsor Name:

Bio-Medical Research Ltd.

The device is intended for prescriptive use.

Indications for Use:

- Transcutaneous electrical nerve stimulation for the symptomatic relief and management of chronic and intractable pain in the lower back region. The device has no curative values and should only be used in conjunction with medical supervision.
- Lumbar support.

Do Not Write Below This Line - Continue on Another Page if Needed

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use Over-The-Counter Use

(Division Sign-Off)

Division of General, Restorative

and Neurological Devices

510(k) Number_

KO23913